



# CHILDREN UNITING NATIONS ACADEMIC MENTORING PROGRAM

## Mentee Referral

(For Use by School and Other Community Agency Staff)

Youth name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested by:

☐ DCFS

☐ Probation

☐ LAUSD: \_\_\_\_\_

☐ Foshay Learning Center

☐ John Muir MS

☐ Virgil MS

☐ Gompers MS

☐ Bethune MS

☐ Drew MS

☐ Markham MS

☐ Community Agency

☐ Other: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

The child is being referred for assistance in the following areas (check all that apply):

|                          |                 |                          |                   |                          |               |
|--------------------------|-----------------|--------------------------|-------------------|--------------------------|---------------|
| <input type="checkbox"/> | Academic Issues | <input type="checkbox"/> | Behavioral Issues | <input type="checkbox"/> | Delinquency   |
| <input type="checkbox"/> | Self-Esteem     | <input type="checkbox"/> | Study Habits      | <input type="checkbox"/> | Social Skills |
| <input type="checkbox"/> | Family Issues   | <input type="checkbox"/> | Special Needs     | <input type="checkbox"/> | Attitude      |

Other, specify:

Why do you feel this youth might benefit from a mentor?

What particular interests, either in school or out, do you know of that the child has?

What strategies/learning models might be effective for a mentor working with this youth?

In what specific subjects does the student need assistance?

Additional comments: